

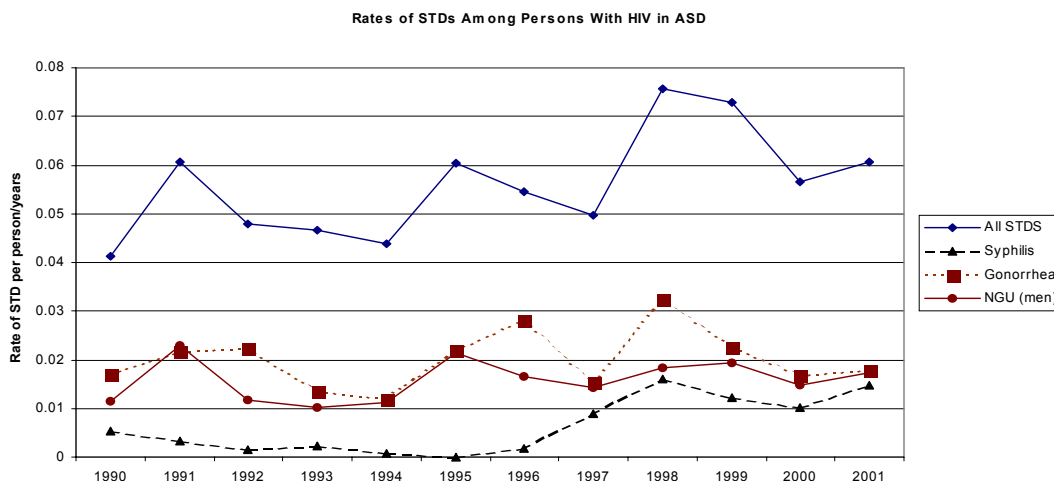


HIV/AIDS HIV-related illnesses and co-morbidities (other than opportunistic illnesses)

BACKGROUND: People with HIV infection have a high risk for a wide range of illnesses due HIV risk factors and HIV itself. Among the most severe illnesses are AIDS-defining opportunistic illnesses which are summarized on a separate fact sheet. In addition to OIs, there are other co-infections and co-morbidities of interest to HIV-infected persons and their caregivers. These additional conditions may be divided into 3 categories: (1) Illnesses that are transmitted through the same routes as HIV e.g. unsafe sexual or needle sharing behaviors. These illnesses, when newly diagnosed in an HIV+ person, suggest the HIV infected person may have put others at risk of HIV infection. These include sexually transmitted diseases and viral hepatitis; (2) Illnesses that may pose greater threat to an HIV-infected person than others, including latent TB infection due to the greater risk of disease progression to active TB in an HIV infected person, alcohol use and hepatitis due to potentially additive effects of hepatotoxic antiretrovirals with other illnesses that may damage the liver; and (3) Conditions that may impair an HIV-infected persons ability to receive prevention and treatment services, including mental illness, substance use, hearing impairment or deafness, visual impairment and other disabilities. Data from the Adult/Adolescent Spectrum of HIV-related Diseases (ASD) were used to examine HIV cormorbidities.

SEXUALLY TRANSMITED DISEASES. Sexually transmitted diseases, also known as venereal disease or STDs, are important as markers of ongoing risk taking among HIV-infected people and having an STD greatly enhances the risk of HIV transmission.

- The overall rate of diagnosis of any STD in the ASD cohort was 6% per year
- Gonorrhea rates averaged 2% per year, syphilis 1% per year, pelvic inflammatory disease in women 5% per year, non-gonococcal urethritis 2% per year, and chlamydia 1% per year. Below is a graph showing trends in three STDs and overall rates in ASD



HEPATITIS PREVALENCE and INCIDENCE:

Hepatitis B (HBV) and C (HCV) are viral infections of the liver. Both can become chronic, and when



chronic they greatly increase the risks of severe liver disease including cirrhosis and liver cancer. About 10-20% of people acquiring HBV infection as an adult do not successfully fight off the infection and become chronic carriers. Around 80-85% of persons infected with HCV become chronic carriers. Although hepatitis probably does not worsen the course of HIV infection, HIV infection can contribute to more severe hepatitis. Furthermore, hepatitis (or its outcomes, such as cirrhosis) may limit HIV treatment options.

- In the Adult/Adolescent Spectrum of HIV-related Diseases project, 7% of screened HIV-infected people also had HBV infection and 16 % also had HCV infection.
- The prevalence of hepatitis was highest among heterosexual IDUs: 10% had HBC and 56% had HCV.

LATENT TUBERCULOSIS INFECTION

- 50% (2170/4311) of the ASD cohort have PPD (tuberculin skin test) results documented in their medical records
- Of these, 14% (296/2170) were documented as PPD positive, indicating for the most part, latent infection with *M. tuberculosis*.
- Of these, 57% (170/296) received prophylactic isoniazid (INH) to decrease their risk of developing active tuberculosis.

MENTAL ILLNESSES

- Schizophrenia and other psychoses have been present in about 2% of the ASD cohort each year since 1990 (between 1993 and 2001, percents rose marginally from 1.6 to 2.2)
- Bi-polar disorder was diagnosed in 6% of the ASD cohort. Trend data show a slight increase from 3% in 1990 to 7% in 1998, thereafter leveling or decreasing to 6% in 2001.
- Depression is the most commonly diagnosed mental illness, present, on average, in 27% of ASD patients per year. Depression prevalence increased from 1990 (20%) peaking in 1995/1996 (30%), thereafter declining slightly (to 26% in 2001).

SUBSTANCE USE

- Injection drug use was present in about 7% of the ASD cohort each year 1990-2001.
- Alcohol use was present in 15% of the ASD cohort each year 1990-2001.
- Other drug use was diagnosed in 9% of the cohort each year, 1990 through 2001.
- Tobacco use. About 33% of enrollees have tobacco use mentioned in their medical records, including smoking cigarettes or cigars and chewing tobacco. There has been a gradual decline in tobacco use, from a high of 38% in 1995 to 28% in 2001.

PERSONS WITH DISABILITIES

- Hearing disabilities. 1.5 percent of the ASD cohort has been diagnosed with hearing disabilities, including complete and partial deafness. There have been no noticeable trends in prevalence over the 12 years of the study with a prevalence rate of 1-2% per year.
- Visual disabilities. Over the course of ASD, 11.4% of the cohort have had a diagnosis of visual impairment, including complete and partial blindness. Visual impairment increased in the early 1990's, and reached a plateau of 14% 1993 through 1996. Probably due to HAART-associated decreases in cytomegalovirus (CMV) retinitis, visual impairment diagnoses have been cut in half and were found in 7% of the cohort in 2001.
- Impaired mobility. Less than 1%, or about 7 in 1,000 HIV-infected persons followed by ASD have had mobility impairments diagnosed, including paraplegia, semiplegia, and/or other types of paralyzes. Since 1997 impaired mobility has decreased to 1-2 per 1,000.